

PART B - FEE(S) TRANSMITTAL

09-08-04

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Denise L. Wright	(Depositor's name)
<i>Denise J. Wright</i>	(Signature)
September 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,447	04/03/2002	Michael S. South	PHA 4159.26	1709

TITLE OF INVENTION: ~~SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL 1, 2, 4 - TRIAZINONES USEFUL AS ANTICOAGULANTS~~

SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL 1, 2, 4 - TRIAZINONES USEFUL AS ANTICOAGULANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/27/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BALASUBRAMANIAN, VENKATARAMAN		1624	514-242000		

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pharmacia Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Louis, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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 Issue Fee Publication Fee Advance Order - # of Copies 10

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1345 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Brandy S. Schneid

9.7.2004

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